

**Insurance – Claims Form**

Please accept this notification as intent to claim for Damage/Loss to the following consignment on behalf of Customer Name

Consignee Details: Customer

Contact Name: Name

Tel: …….

**Consignment Details**

**Consignment Number**

**Delivery name and address** (incl postcode) – Advise what date collection will be.

Delivery Address

**Collection Date:**  **Delivery Date:**

**Items:**

**Weight:**

**Nature of claim: Loss Damage**  Salvage

**Weight of lost/damaged goods**

**Value of goods (cost value)**

Signed

Customer Name

Chichester Street,
Rochdale,
Lancashire OL16 2AU